

## SPECIAL ARTICLE

### BRITISH COLUMBIA MENTAL HEALTH SERVICES: HISTORICAL PERSPECTIVE TO 1961\*

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#### INTRODUCTION

THE Provincial Mental Health Services (P.M.H.S.) of British Columbia embrace a number of institutions utilizing buildings of various styles of architecture representative of the nine decades during which they have developed. All are under the control of a Deputy Minister, Dr. A. E. Davidson at the present time, who reports from his headquarters in Vancouver to the Minister of Health and Hospital Insurance, the Honourable Mr. Eric Martin, in the capital city of Victoria.

At the end of the 1959-1960 fiscal year, the last for which data had been published at the time of preparation of this paper, the constituent parts of the Provincial Mental Health Services were located in a number of areas of the province, with maximum concentration at Essondale, a 1000-acre site in the Fraser Valley, near Port Coquitlam, 25 miles to the east of Vancouver. Other units were at nearby locations on the lower mainland, in the interior, and on Vancouver Island.

The elaborately landscaped grounds at Essondale are the site of the three huge four-storied buildings of the Provincial Mental Hospital. These buildings, constructed of red brick with white colonades and multitudinous small panes of glass surrounded by steel sash, housed on March 31, 1960, some 3019 patients. In the same area are the Crease Clinic of Psychological Medicine, housing some 265 patients in a brick structure of more recent design; the "Homes for the Aged", sheltering 657 in a collection of buildings that vary from frame "Tudor" to reinforced concrete "Contemporary"; a Nurses Training School with new, modern, functional units; and a large and productive colony farm.

On well-kept grounds at New Westminster, 12 miles to the west and half way between Essondale and Vancouver, stand the assorted buildings of Woodlands School. These vary from structures of stone and wood that possess remnants dating back to the 1890's, to those of new construction that rival in appearance any building in the area. At the close of the 1959-1960 fiscal year, the units of this institution provided quarters for 1387 mental defectives. Nearby, in South Burnaby, almost at the half-way point between New Westminster and

Vancouver on the Grandview Highway, are the modern buildings of the Mental Health Centre.

On Vancouver Island at Saanich, not far from Victoria, Colquitz Mental Hospital, a converted prison — with grey stone walls, ramparts, and bars — houses 288 patients. In the interior of the province, two renovated Second World War military hospitals, one at Terrace and the other at Vernon, provide housing for 288 and 284 aged persons respectively, and at Tranquille, near Kamloops, a surplus tuberculosis sanatorium was "home" to 109 ambulant mental defectives, the first of a large number to be transferred from Woodlands School.

In 1959-1960, the institutions of the P.M.H.S. provided accommodation for a total of 6247 patients of all types. At the same time, the total number of persons under treatment was 10,362; the gross cost of the operations was in excess of 14 million dollars, and the staff numbered 2927, exclusive of more than 300 students.

The development of this organization from meagre beginnings in 1872 was thought to be worthy of a review at this time. As a consequence, this essay was prepared after study of the original "Case Books", the Mental Health Services' annual reports, pertinent Royal Commission proceedings, and the published reports of other investigative groups, such as the 1951 report of the American Psychiatric Association.

#### THE COLONIAL PERIOD TO 1871

During the colonial period of the history of British Columbia, the only facility available for the mentally ill was the common gaol. John Robson, then editor of *The British Columbian*, later Provincial Secretary and Premier of the Province, described in an editorial entitled "A Voice from the Dungeon", their custody in the New Westminster Gaol on July 23, 1863. "The cells in which they [the lunatics] are confined are not at all adapted for such a purpose, entirely too small, ill ventilated, unheated and an offensive effluvia arising from beneath them, the result of no proper system of drainage."

In the older colony of Vancouver Island, conditions were no less foul in the Victoria "lock-up", where Dr. J. S. Helmcken, British Columbia's first physician, saw the colony's earliest mental patients as far back as the early 1850's.

The facilities of Napay Asylum in San Francisco were also used occasionally, particularly for the committal of those insane members of the horde that travelled from this centre to Victoria en route to the gold fields of the Cariboo in 1858 and 1859.

#### THE ASYLUM—1872-1901

When female patients began to present themselves, the gaol became even more unsuitable. After an abortive attempt to house "lunatics" of this sex

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in a private home on Pandora Avenue in Victoria, the first asylum was established.

This was a "modest building" constructed of wood, 50 by 40 feet, that contained a number of "cells" or small single rooms. It was formerly the Royal Hospital, a pest house, and was located on the Songhees Indian Reserve in Victoria Harbour adjacent to the Marine Hospital. It accepted its first patient, a young woman referred by Dr. Helmcken, on October 12, 1872, just 14 months after B.C.'s entry into Confederation. At the end of this first day of operation, the asylum was occupied by seven patients, all transferred from the "lock-up". To look after these were an equal number of staff, including a Dr. Powell, the Medical Superintendent, and Mrs. Flora Ross, Matron. An "Insane Asylum Act" was promulgated the following year.

Within the next five years, in spite of the addition of a small wing, the facilities became inadequate and a second asylum, built at the cost of \$24,000, was constructed as a replacement at New Westminster on the present site of Woodlands School. This new unit with a population of some 37 patients was opened in 1878.

The first annual report was not published until the year 1882. This document shows that the resident population had climbed to 49 and that the institution was under a lay Superintendent, Mr. James Phillips, with a Medical Officer, R. I. Bently, M.B., B.S.

The first New Westminster Asylum is described as an ugly building with windows so high that the outside could be seen only by standing on a table. Further, it was poorly heated by means of open grates and so overcrowded that two patients were compelled to share a single room. The following year some improvements were made to the buildings, and in 1885 the asylum was, once more, headed by a physician, Dr. Bently. Mr. Phillips henceforth held the position of steward. This year was, in addition, the first in which patients were allowed to work. The therapeutic effect on at least one of them is noted by Dr. Bently in the large, heavy, leather-bound case book that was the means of recording case histories in that day. We gather that improvement in a male patient, discharged "cured" on March 12, 1885, ". . . dated from the time he commenced to go out steadily to work every day".

During this early period that continued to the enforced retirement of Dr. Bently in 1895 as a result of a Royal Commission inquiry the previous year, custodial care only was all that could be provided, with a minimum of recreation and outside work. The only physician, embattled with the problem of keeping the per diem cost at a low level (it was 48¼¢ per day in 1891), of urging construction to house the increasing patient population, of ensuring adequate water supplies, and of visiting the Royal Columbian Hospital sometimes twice a day in addition to writing his own letters, had little time for experiment, therapy or supervision.

The cruelty of the "keepers" during this period was scandalous. As was stated in the report of the Royal Commission, composed of Drs. Hasell and Newcombe of Victoria, methods were in use that had been discarded in Great Britain more than a generation before. Equipment such as handcuffs, leather mitts, pinion straps, camisoles, and straight jackets, with the cruel rope halter called "the Martingale" that could be used as a strangulation device, were in almost daily use. Also applied were tortures such as the "dip", in which a patient, arms handcuffed behind his back, was plunged head-down into a tub of cold water until he very nearly drowned, and "the cage", a box constructed of wooden slats and made only large enough for a human body in which a patient might be kept confined for many hours.

In 1895, Dr. Boddington assumed the senior position. The attendants who had been implicated in the grisly affairs of the last régime, were forced to resign.

During the next few years, Dr. Boddington addressed himself to the task of humanizing the institution — adding pictures to the walls, urging landscaping of the grounds, and reducing physical restraint. In addition, he improved the food, constructed a much needed operating room, badgered the government of the day for increased maintenance funds, and started on a policy of the deportation of aliens who made up 70% of population in residence. On one occasion, he personally escorted to England a party of 22 "half-witted ne-er-do-weels", the progeny of wealthy British families who had been sent to the Colonies as punishment for their failure to adjust to their parent country. Upon his return, he began formulating plans for the return of the Chinese, a large alien group that had given concern for many years.

In 1897, "The Provincial Asylum" was re-named "The Public Hospital for the Insane (P.H.I.)" and a new act was promulgated incorporating within it an "Urgency Order" that had long been required.

In 1901, a Royal Commission, composed of Dr. C. K. Clarke, Medical Superintendent of the Rockwood Asylum, Kingston, Ontario, inquired into the operation of the institution. In spite of containing praise of the minimal restraint, good food, and the excellence of the new surgical ward, Dr. Clarke's report criticized the "excess staff" and the high wages that they were paid, and recommended stricter economy, better bookkeeping (the old register was still the only record of the patient and slates were in use for passing messages from one nursing shift to another), further brightening of the wards, improved facilities for outdoor exercise, the establishment of a School for Nurses, and a Colony Farm.

As it was apparent that to bring about the required changes would entail an increased amount of work, Dr. Boddington "felt constrained through the advance of his years to relinquish the labour to younger hands".

### "MORAL TREATMENT" 1902-1912

These were the words of Dr. G. H. Manchester, who stated with optimism in the 1902 annual report that the institution "... has entered upon a new century under new management, and moreover has emerged from comparative insignificance and obscurity to become the largest ... institution under the care and support of the Province of British Columbia."

The annual report, for the first time, contained a table of diagnoses (mania, melancholia, dementia, and paranoia). Until this issue, the patient had been described but rarely labelled. Noteworthy is the fact that *general paresis* formed 12% of the total number of admissions for the year (14 patients of a total of 115). In addition, an "open-door" ward was reported and a statement of treatment principles was given that officially introduced the era of "Moral Treatment". These principles were listed as (1) essential medicines, (2) good food (there was a shortage though, each patient, for example, being allowed only one egg per year and that at Easter), (3) regularity of living habits, (4) employment, (5) amusement, and (6) recreation. A need for separate facilities to deal with acute cases, the mental defective, the tuberculous patient and the "criminally insane" was recognized and a need for musical therapy and industrial training was discerned.

During his last year in office, 1904, Dr. Manchester wrote into the annual report the Kraepelin system of nomenclature. He announced, also, that the Government had purchased 1000 acres of land about 12 miles distant from P.H.I., near the junction of the Coquitlam and the Fraser Rivers, for purposes of expanding the mental hospital facility.

With C. E. Doherty, M.D., Dr. Manchester's successor, and Dr. Henry Esson Young, Provincial Secretary, the Hospital for the Insane at New Westminster saw the full development of the principles of the "moral treatment of insanity".

In addition to being the first year of Dr. Doherty's long tenure, 1905 marked the beginning of clearing of land for a Colony Farm. Upon admission, patients were segregated into "incurable", "curable", "feeble" and "infirm". Rest, work and amusement "judiciously selected" were basic treatment. A musical director was appointed, a Mr. Darcey, who organized an orchestra of institution employees.

Work was departmentalized and the "hospital" atmosphere heightened by using the word "nurses" rather than "keepers" or "attendants", and an attitude of kindness towards the patient was enforced by dismissal, if necessary.

With regard to therapy, none were denied exercise and fresh air, "Patients," Doherty wrote, "... walk the grounds by the hundreds." Medical treatment, work of all kinds in the shop or on the farm, and recreation, were individualized and had such effect that Doherty, in 1907, could make the claim that mechanical restraint of all kinds had been

abolished. After the introduction of hydrotherapy techniques to calm the few disturbed patients who remained, he added that "chemical restraint", also, was no longer in use.

The contemporary method of recording case histories was established and all physicians' notes were typewritten from 1908. The same year, a laboratory was established, with its work done by Mr. E. P. Hughes, a competent bacteriologist, and, for the first time, research was added to the function of the institution. Detailed postmortem examinations were carried out on all for whom permission could be obtained, investigations into the spirochetal etiology of general paresis were pursued, and thousands of observations of blood and urine were recorded and correlated with the mental diagnosis.

By the end of 1912, in spite of serious overcrowding, there was reason for optimism. Crops raised on Colony Farm exceeded the most sanguine expectations and the "Farmer's Advocate" of December 1912 described it as possessing "... the best equipped barns, stables, dairy equipment, and yards in Canada, if not the Continent." Dr. Doherty read papers before the B.C. Medical Society and at the 68th Annual Meeting of the American Medico-Psychological Association at Atlantic City, propounding his views of the treatment of mental illness, for which he received approbation from many sources.

The plans for the new hospital at Coquitlam, obtained by staging a competition between the architects of the province, received the highest commendation from psychiatrists in Eastern Canada and from the Lunacy Commission of New York State. They called for the building, in stages, of a number of structures, each specialized as to function: an administration building, an acute building, sick and infirm buildings, an epilepsy building, a pair of chronic buildings, and adequate living quarters for nurses. It was decided that one of the chronic buildings should be constructed first so that it could be used to house the overflow from the P.H.I., and the building now known as West Lawn was begun. The first building on the new grounds, named Essondale after Dr. Henry Esson Young, the Provincial Secretary, was opened on April 1, 1913. Two institutions were now in existence: the P.H.I. at New Westminster with Drs. J. S. McKay and H. S. Steeves, and Essondale with Dr. Freeze as Assistant Medical Superintendent. Dr. Doherty was Medical Superintendent of each.

During the 1914-1918 World War, the dual institutions began to have increasing difficulties. Many of the nursing staff and Dr. Doherty himself left to join the armed forces. Mr. Hughes, upon whom the function of the laboratory depended, died late in 1913 and could not be replaced for 14 months.

During Doherty's absence, the annual reports were edited by Dr. J. S. McKay who, continuing in the same vein as his superior, pressed for further buildings at Essondale, the new building already

being overcrowded, and advocated the reporting of known cases of *syphilis*, now known to be the cause of 12% of admissions. He also requested training for the 43 mental defectives then in residence and amendment of the "Mental Hospitals Act" to cover voluntary admissions.

In 1919, a six-year-old prison at Saanich on Vancouver Island was taken over to house "the criminally insane". The same year, Dr. McKay resigned and started the Hollywood Sanitorium in New Westminster (70 beds), the only fully recognized private treatment centre for mental disease that the Province was to see until psychiatric wards were established at the Vancouver General Hospital (40 beds), and the Royal Jubilee Hospital in Victoria (24 beds).

Dr. Doherty died on August 14, 1920. An era had passed, and it would be more than 30 years before the same feeling of optimism would again pervade the institutions.

#### RETURN TO CUSTODIAL CARE, 1912-1950

Dr. Doherty was succeeded by Dr. H. C. Steeves, who died on December 7, 1926, and was succeeded in turn by Dr. A. L. Crease, who continued as head of the organization until March 31, 1950.

During the 38-year period between the opening of the first building at Essondale and the resurgence of activity highlighted by the establishment of the Crease Clinic of Psychological Medicine, progress was slow and sporadic, and regression in some aspects of patient care took place.

Each of the buildings added during this interval, before they were officially opened, were doomed to become the site of suffocating overcrowding at an estimated average of more than 55% in excess of rated capacity. The resident population at the end of each 10-year period during this interval increased by approximately 1000. In 1912, it was 722; in 1924, when the first "acute building" now known as Centre Lawn was opened, it had risen to 1784; in 1930 when East Lawn was opened for women, 2411. By 1951, the number resident at the end of the year was 4602.

During this period, wards overflowed into the attics and basements, choking out areas needed for day use and therapy, especially for that of the occupational and recreational variety. On the wards, conditions were such that, towards the end of the period, there were more patients than beds. Those unfortunate enough to be in excess had to sleep on mattresses placed on the floor. Furthermore, a return to locked wards and even to physical restraint took place. As many as 30 patients in restraint and 51 in seclusion, mostly women, were counted by an inspection team as late as 1951.

Efforts to provide well-trained professional staff during this period moved forward when in 1925 a Miss Van Wyck, a registered nurse, became "Superintendent of Nurses", the first with this qualification to hold this important executive position. An "Instructress of Nurses", a Miss M. Mallott, was

appointed in 1930, and the first Nurses Training School was established. June 1932 saw the first graduation exercises, addressed, appropriately, by Dr. H. Esson Young, then Provincial Health Officer. The first male graduates did not appear until 1940, and then were only five in number.

The Nursing Services, built up by 1938 to an enviable ratio of two registered nurses to one psychiatric nurse and one student, were devastated by the war. In 1942, the sudden resignation of 41 trained (most of the R.N.'s) and 72 partially trained staff reversed this ratio and resulted in the hiring of aides ". . . of various standards". At this point 56.5% new staff was devoid of any experience in hospital work or psychiatric training.

A change in hiring policy, in 1944, brought married women, mostly psychiatric nurses, back to the staff and relieved the situation. By 1945, male training, discontinued in 1940, was resumed and by 1947 the nursing problem had been stabilized but with a new ratio of 18 registered nurses, 44 psychiatric graduates, and 192 nurses-in-training.

The solution to the problem of providing separate facilities for the acute mental patient, the mentally defective, and the tuberculous had to await the 1950 period, but some changes were made that ameliorated conditions and assisted in "setting the stage".

With regard to the mentally defective, an effort, inadequate from the outset, to establish a school was made at Essondale in 1920. Dr. Steeves, in 1922, was the first to suggest using the P.H.I. for this purpose. This suggestion was underlined by the Royal Commission of 1925 that dealt in great detail with mental deficiency and sounded the keynote for the future that the problem was ". . . educational rather than medical". The number of mental defectives increased through the years. In 1927, they numbered 200; by 1930, 400. The transfer to P.H.I. started in 1932, and was near completion with five school teachers on staff when the "Schools for Mental Defectives Act" came into being in 1953.

Similar temporary measures were effected with the tuberculous patients. The first attempts at isolation in 1938 was unsuccessful, as these patients were placed on wards with patients suffering from other illnesses.

In 1940, two separate wards, one for each sex, were formed and were soon crowded with a total of 300 patients, 200 of whom were classified as "active".

Facilities for the care of the acute mentally ill remained inadequate because of overcrowding, although a psychopathic ward was established in the Centre Lawn building in 1924, with facilities that were improved when compared to those that had existed for many years. The Royal Commission as of 1925 recommended the construction of a separate institution, a "psychopathic hospital", as was in existence in the eastern United States, but this was not to come into being until the Crease Clinic of

Psychological Medicine with its 300 beds was constructed in 1948, by adding a wing to the recently vacated Veterans' Building built 13 years before.

Special provision for the aged psychotic became available in 1936, when the buildings of the Boys' Industrial School, abandoned in favour of the Borstal system and located on property adjacent to Essondale, were utilized as "Homes for the Aged". This collection of two-storey buildings, architecturally resembling Tudor style, and constructed on the side of a large hill, were obviously unsuitable for elderly patients but, nevertheless, fulfilled a need.

Various departments were formed during this period that, although each suffered from severe limitations, were available when resurgence occurred. Directors were found for occupational therapy and recreational therapy. Physicians on staff were appointed to direct or to work in major departments such as pathology, radiology, and pharmacy, but held these positions as duties secondary to their ward work, so that activity in one field was detrimental to effort in the other. A study of the reports on the laboratory, for example, reveals a variable load, usually contingent on the presence or absence of a laboratory technician, as well as the freedom of the medical officer in charge. A successful attempt was made to keep up with the admission serology tests and the routine examination of water and food, but routine blood and urine examinations fluctuated, as did the number of autopsies performed. The chief cause of death for many years is given in the reports as "exhaustion, due to . . .", followed by the psychiatric diagnosis. This diagnosis was most frequent in years such as 1931, when only one autopsy was performed on 304 deaths, and least in years like 1937, when 51 autopsies were carried out on 236 deaths.

A Social Service Department was established in 1932 with the appointment of Miss J. Killburn, R.N., a trained social worker. This action was based on a recommendation made by Dr. Steeves in 1926. This constantly understaffed group carried a large work load that was composed of case work done not only for the Mental Hospitals but also for the Child Guidance Clinic established in Vancouver on July 15, 1932, and later expanded to include Victoria (1934) and the travelling clinics to Nanaimo and Chilliwack (1935). The department also administered psychometric tests to various groups, including the Borstal Home candidates, and accepted responsibilities to lecture to classes at the University of British Columbia. All members of this department were responsible to the Welfare Branch until 1957, when they were transferred to the Department of the Provincial Secretary.

A psychologist, Mr. Watson, M.A., was appointed in 1937, thereby relieving the social work department of much of the labour expended in administering psychometric tests.

There were definite advances in treatment during this period, but limitations of staff and space

reduced the number of patients to whom many of these could give benefit. By 1926, intravenous trypanarsamide had been used for syphilis and had been found to be effective but palliative only for general paresis. During this year, malarial therapy was begun and, by 1938, G.P.I. showed a definite decrease in frequency. By 1946, with bismuth, sulfonamides and penicillin added to the therapeutic agents, treatment was definitive. The purely physical treatments were less dramatic but gave rise to much optimism. Hydrotherapy, the chief physical treatment in the 1907 period, continued in use to the 1950's. The use of insulin shock was first reported as being carried out on 20 patients at a time, in the 1938 report. At this time pentylene-tetrazol (Metrazol) therapy was introduced but was not too promising from the beginning. In 1940 (to provide an idea of the number affected) there were 239 patients on insulin shock and 301 on pentylene-tetrazol; that is, 540 patients under treatment out of a total population of 3836. Insulin treatment was decreased during the war years, owing to the lack of trained staff. At the same time, electroconvulsive therapy came into use and replaced the dangerous and much hated pentylene-tetrazol. Surgery for mental illness was introduced in 1946, when nine lobotomies were performed in the Vancouver General Hospital by Dr. F. Turnbull. The following year, there were 45 cases, and over the next five years psycho-surgery suffered a gradual loss of popularity as other means of therapy became available.

#### RENAISSANCE, 1950

March 31, 1950, was the last day of the 35-year career in the P.M.H.S. of Dr. A. L. Crease. It also marked the beginning of a new phase in the treatment of mental illness in the province. By this date, in addition to the departments of pathology, pharmacy, social work, psychology, occupational therapy, and recreational therapy that had been formed over the previous three decades and were now in charge of specialists, there was added a department of neurology. In addition, there came into being a new facility for the aged at Vernon, "The New Vista"—a rehabilitation centre for discharged female patients, and the Crease Clinic, ". . . dedicated to the intensive treatment and rehabilitation of the acutely ill and to education and research."

When Dr. A. M. Gee, Dr. Crease's successor, accepted on April 1, 1950, the senior position in the Mental Health Services, the population in residence was 4602. On this date, the various mental health activities were amalgamated into the Provincial Mental Health Services. Divisions were formed, governed by a "Hospital Council". These divisions were to be called: (1) The Active Treatment Services, (2) Geriatrics Division, (3) Preventive Services, (4) Rehabilitation Services and (5) Research Division. At the same time, the New Westminster Mental Hospital was re-named Woodlands School in keeping with its function, although

direct admission would not take place until 1953; the word "attendant" was deleted from the Civil Service structure; and the Provincial Mental Hospital's "Chronic Buildings" were re-named "Lawn Buildings", thus up-dating the semantics of mental illness. Pennington Hall, containing a café, bowling alley and theatre, was opened, as were increased facilities for the aged at Terrace and for the patients at Woodlands School. The Nursing School at this time had centralized its training, heretofore carried out independently by both mental hospitals, and commenced a "block system" for its 230 female and 190 male students. In addition, the annual report for this year, 1950, carried the nomenclature of the American Psychiatric Association, thus spelling an end to the system that had been used for many decades.

In 1950, the Medical Faculty of the University of British Columbia started to train its first class of undergraduates. High hopes were expressed in the annual report for the year that the new school would be of great assistance with the vexing problem of postgraduate training for resident physicians of the mental health services, who were, by this time, severely restricted by regulations formulated by the Royal College of Physicians and Surgeons. They could, for example, receive credit for only one year towards certification, regardless of the number of years spent in the Mental Hospital, and further, were to be encouraged to train in several centres rather than remain in the same geographical area. By 1961, a firmly organized, integrated scheme was yet to be developed, although co-operation in many fields, particularly neurological research, had continued.

On January 1, 1951, "The Clinics of Psychological Medicine Act" was proclaimed and "... for the first time it became possible to receive patients at an earlier stage of their illness." This moment, long sought, caused plans for a second large hospital to be shelved and stimulated thought on the next advance—the reaching further into the community with day hospitals and outpatient clinics. This latest Act made voluntary admissions and certified admissions without loss of civil rights possible for a maximum period of four months.

The first year of operation of the Crease Clinic was indicative of success: 791 of the 963 patients admitted were returned to the community within the statutory period. During this year (1951-1952), the first consultants in general surgery and neurosurgery were retained by means of a "Mental Health Grant" and a survey of overcrowding was made at the request of the Federal Government. The results of the latter were shocking! One building (the male side of Centre Lawn) was found to be 81.1% overcrowded; that is, a facility designed for 143 patients was housing 260. West Lawn (male), East Lawn (female), and Centre Lawn (female side) were 30.8%, 56.8% and 42.5% overcrowded, respectively.

The year 1951 marked the commencement of a

policy to establish "open wards" in the P.M.H. and Crease Clinic. The following year, all forms of physical restraint were, once again, abolished, except for seclusion under strict safeguards. A year later, children under six years of age were permitted direct admission to the Woodlands School, thereby ending the tragic mixing of small patients with adults suffering from various types and degrees of mental disorder.

During 1951, a research "colony" was established at the University under Dr. W. Gibson, and investigations were begun. 1952 saw the opening of operating-room facilities in the Crease Clinic. Since the peak days at the Public Hospital for the Insane, all surgical operations, at great inconvenience to all, had to be carried out either at the Royal Columbian Hospital in New Westminster or the Vancouver General Hospital. This year, a re-motivation program for the long-neglected patients in the "chronic" buildings was started in the female building, and in harmony with this increased activity, regular ward rounds were commenced and two social workers were appointed to begin full-time work on two wards in the Provincial Mental Hospital. Alcoholics, long refused admission for treatment, were allocated 25 beds in the Centre Lawn building.

In 1953, a "School for Mental Defectives Act" became operative on October 1. Woodlands School at this time had 1098 patients "on the books" and a growing waiting list. On the wards of both the P.M.H. and the Crease Clinic, the "relationship" or "milieu" therapy was incorporated into the teaching program, and the team approach of physician, nurse, psychologist and social worker was stressed. Insulin coma therapy, which had been discontinued at the P.M.H., was re-introduced and marked the point at which treatments available in the Clinic were also in use in the P.M.H. Group psychotherapy, including a program for an adolescent group, was practised; volunteer workers organized by the Canadian Mental Health Association (C.M.H.A.) appeared for the first time on the wards, and outpatient services were established for discharged patients, to be used especially by those residing in the nearby geographic area.

On April 1, 1954, the Neurological Research Centre that had published an impressive list of titles and whose members had presented papers to numerous societies, was formally transferred to the University to become the Department of Neurological Research.

By March 31, 1955, there were five unlocked wards in the P.M.H. and the Crease Clinic, serving 537 patients. Definite progress was being made. General paresis, the scourge of so many years, was practically eliminated. Epilepsy was under control, and it was calculated that at least 50% of schizophrenics could be assisted back to the community after a relatively short period of treatment. Chlorpromazine and reserpine were added to the armamentarium of therapeutic agents.



By this time too, the community's involvement in the treatment of mental illness was obvious and it had such representatives as the C.M.H.A. volunteers, and the Auxiliary formed at Woodlands School by the B.C. Society for Handicapped Children. The personnel of the Provincial Mental Health Services participated in many of the community-sponsored efforts in the field. They assisted in the Mental Health Training Program that was held under the direction of the Vancouver School Board, in addition to advising the Alcoholism Foundation of B.C., and the Narcotic Addiction Foundation.

On May 4, 1955, a centre for the treatment of tuberculosis, the North Lawn building, containing 230 beds, was opened after many years of anticipation.

On January 2, 1957, the Mental Health Centre in nearby Burnaby was opened. This unit provided accommodation for the Child Guidance Clinic which was freed from its long residence in antiquated, inadequate quarters, and was to provide outpatient services and a day care centre for the community. The same year, the quarters vacated by the Child Guidance Clinic were converted into "Venture", a rehabilitation centre for men.

Dr. Gee retired on August 31, 1958, and his position as Director was taken by Dr. A. E. Davidson. The next year the Mental Health Services were removed from the Provincial Secretary's Department where they had been since 1872 and were transferred to the Department of Health Services and Hospital Insurance. Dr. Davidson became a Deputy Minister representing the P.M.H.S. and moved his offices from Essondale to Vancouver.

During the 1959-1960 fiscal year, considerable expansion took place in the areas dealing with the aged and the mentally defective: an infirmary building named the Valleyview Building was opened at the Homes for the Aged, Port Coquitlam, and 130 males were transported from Woodlands School to Tranquille, a recently vacated sanatorium at Kamloops, no longer required for the treatment of large numbers of tuberculosis cases. At Essondale, approximately 70% of the patients were living on open wards and the results of 10 years of increased therapy were now available for comparison and were cause for exultation. In 1948-1949, the total population increased by 354 with an index increase of 28.09. In 1959-1960, the increase was 20 with an index of 0.61%. The total admissions in 1948-1949 were 1260; in 1959-1960, 3294. For the first time in history, there were actual decreases in the resident population; 78 patients fewer in 1956-1957, and 90 fewer in 1958-1959.

#### SUMMARY

The history of the treatment of mental illness in the Province of British Columbia is, in large degree, the history of the development of the Provincial Mental Health Services. This extends now from 1872 to 1961.

Starting as an institution to provide custodial care chiefly for the dependent insane, it developed prior to the First World War into a model demonstrating the principles of the "moral treatment" of mental illness that were in vogue in that day. This was followed by a long interval, marked at each end by a devastating war and plagued throughout by episodes of economic depression. During this time there was a slowing down of construction and a consequent building up of an overcrowding problem in addition to a periodic shortage of trained personnel that not only reduced the efficiency of the organization as a treatment centre but re-introduced some, at least, of the restraining practices of a previous barbaric time. During this period, however, sporadic but important advances were made that were available for development during the resurgent period of the last decade.

During the resurgent period, there have been some definite advances as shown by statistics (and when scrutinizing these we must keep in mind the sobering facts that there is a long waiting list for Woodlands School and for the Homes for the Aged and that many of the persons discharged from the long-term buildings in the P.M.H. remain public charges in boarding and nursing homes). There has, in addition, been a re-establishment of the "hospital" atmosphere with wards made as cheerful as is consistent with continued overcrowding. Facilities for occupational therapy, recreation, and amusement have been improved, as have the means for providing treatment — psychiatric, medical, and surgical — to those patients to whom these can bring benefit. Finally, there are encouraging signs of rising community interest in mental illness and commencing expansion of the mental health services to provide facilities within the community itself to all who can be accommodated with no regard for socioeconomic status.

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#### PAGES OUT OF THE PAST: FROM THE JOURNAL OF FIFTY YEARS AGO

##### PRIMARY TUMOURS OF THE BLADDER

It must be remembered that new growths of the bladder are not so uncommon as one would be led to suppose from the teaching of the past. Out of 1667 cases of new growths in the Royal Victoria Hospital in the last fifteen years, there were 30 which occurred in the bladder. A. von Frisch, of Vienna, collected 300 cases from his clinic in twenty years, and Nitze, after the introduction of the operating cystoscope, had 150 cases. The statistics of Kuster from the Augusta Hospital showed 0.25 per cent. of bladder tumours out of 19,267 cases of new growths, and Gurlt found 0.39 per cent. out of 1663 tumour cases.

As to the cause of tumours of the bladder, we are as much at sea as we are in the case of tumour formation in general. We can only speak of certain things predisposing to the formation of new growths, and these are essentially irritants. They comprise the chemical, mechanical, and bacterial. How prominent a part these play in their formation is a disputed point at the present day.—William Hutchison (Montreal), *Canad. M. A. J.*, 1: 872, 1911.